

	Name of Organization:	Document No:	QuXAT.F.54
	Interview Assessment Form	Page No:	Page 1 of 1

Name of the Candidate		Department Applied for	
Address		Designation Applied for	
Age		Gender	
Date and Time of interview			

Educational Qualifications			
X class %		Passed Year	
Intermediate %		Passed Year	
Degree %		Name of degree & Year of passing	
Post Graduate %		Name of degree & Year of passing	

For office use only			
Date of Interview		Time of Interviews	
Comments			
Expected Salary			
Selected (Yes/No)			
Joining Date			

HR/Incharge - Signature

Name:

Emp ID:

Authorized Signatory



Issue No: 01	Issue Date:	Amend No: 00	Amend Date:	Copy No: 01
Prepared/Issued by:	Quality Manager	Approved by	Director	